

**Personnel Development Seminars (PDS)**  
**Course Registration Form**  
**2004-2005**

(Please Print)

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
*Last First MI*

Agency: \_\_\_\_\_ Classification: \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

If NOT a State of Iowa employee, bill training to: \_\_\_\_\_

Course Number	Course Title	Date Preference	Alternative Date

Once any course costing \$99.00 or less is confirmed, the participant's agency will be billed for the full amount of training unless cancellations are received by PDS at least five (5) working days prior to the class date. For courses that cost \$100.00 or more, agencies will be billed for ANY cancellations after confirmation. Departments may substitute confirmed course participants when necessary. To cancel, call (515) 281-5456. (See page 2 for other cancellation information.)

The following signatures indicate approval of the course(s)  
requested above and understanding of PDS' cancellation policy.

\_\_\_\_\_  
*Employee* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Training Liaison* \_\_\_\_\_  
*Date*

**Accommodation Request:**

Please indicate if you have any special needs that we can address to make your participation more enjoyable. Please provide 8 weeks notification.

☐

Braille

☐

Sign Language Interpretation

☐

Large Print

☐

Other \_\_\_\_\_